Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000104	A. BUILDING _____ B. WING _____	C 07/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY AT ST PAULS	3602 S IRONWOOD DR SOUTH BEND, IN 46614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00107313. Complaint IN00107313- Substantiated. No deficiencies related to the allegations are cited. Survey dates: July 11, 2012 Facility number: 000104 Provider number: 155197 AIM number: 100266590 Survey Team: Christine Fodrea, RN- TC Census bed type: SNF: 14 SNF/NF: 56 Residential: 130 Total: 200 Census payor type: Medicare: 14 Medicaid: 46 Other: 140 Total: 200 Residential Sample: 3 Sanctuary at St. Paul's was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00107313. Quality review completed on July 12, 2012 by Bev Faulkner, RN	R 000		